


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90280 030 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002902 1. Entity Name AE ASSISTANCE GROUP, INC.			
Principal Place of Business 1340 S.W. 84TH AVENUE MIAMI, FL 33144--		Mailing Address 1340 S.W. 84TH AVENUE MIAMI, FL 33144--	
2. Principal Place of Business - No P.O. Box # 11835 S.W. 189 St.		3. Mailing Address 11835 S.W. 189 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
4. FEI Number 20-4102552		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, SUSAN A 1340 S.W. 84TH AVENUE MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11835 S.W. 189 St. City Miami FL Zip Code 33177	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE: <u>Susan A. Hernandez</u> DATE: <u>4/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERNANDEZ, SUSAN A 1340 S.W. 84TH AVENUE MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11835 S.W. 189 St. Miami, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, JUAN 1340 S.W. 84TH AVENUE MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11835 S.W. 189 St. Miami, FL 33177
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Susan A. Hernandez</u>		DATE: <u>4/19/07</u> DAYTIME PHONE: <u>786-269-2326</u>	

4007859J



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